

CMS Center for Consumer Information & Insurance Oversight (CCIIO), Health Insurance Exchange Public Use Files (Exchange PUF) Data Dictionary for Transparency in QHP Coverage PUF

1. Overview of the Transparency in QHP Coverage PUF

The Centers for Medicare & Medicaid Services (CMS) Center for Consumer Information & Insurance Oversight (CCIIO) is releasing this Transparency in Qualified Health Plan (QHP) Coverage Public Use File (PUF) in order to increase access to QHP issuer data reported pursuant to section 1311(e)(3) of the Affordable Care Act. The Transparency in QHP Coverage PUF includes data on QHPs and Stand-alone Dental Plans (SADPs) offered in states with Federally-Facilitated Exchanges (FFEs), including issuers in the FFEs where states performing plan management functions, and State-based Exchanges on the Federal Platform (SBE-FPs).

The data dictionary describes the variables contained in the Transparency in QHP Coverage PUF. Each record relates to the coverage at the issuer level. The Transparency-PUF is available for plan years 2017, 2018 and 2019. The 2017 Transparency PUF reflects data from plan year 2015, 2018 reflects data from plan year 2016, and 2019 reflects data from plan year 2017.

2. Variable Attributes

Variable Name: State

Variable Definition: Two-character state abbreviation indicating the state

where the issuer offers coverage on the Exchange

Data Type: Text
Variable Label: State Code

Allowable Values: All 50 state abbreviations
Data Source: System-generated field

Field Name from Data Source: State Code

Comments: N/A

Variable Name: Issuer Name

Variable Definition: Name of the company issuing the plan

Data Type: Text

Variable Label:

Allowable Values:

Data Source:

Field Name from Data Source:

Comments:

Issuer

N/A

N/A



Variable Name: Issuer ID

Variable Definition: Five-digit numeric code that identifies the issuer

organization in the Health Insurance Oversight System

(HIOS)

Data Type: Text
Variable Label: Issuer ID
Allowable Values: Free text
Data Source: Issuer
Field Name from Data Source: N/A
Comments: N/A

Variable Name: Issuer D/B/A if Applicable

Variable Definition: Issuer marketing name, if different from Issuer_Name

Data Type: Tex

Variable Label: Issuer D/B/A, if Applicable

Allowable Values: Free text
Data Source: Issuer
Field Name from Data Source: N/A
Comments: N/A

Variable Name: URL Claims Payment Policies & other Information

Variable Definition: URL link to policies on issuer websites

Data Type: Tex

Variable Label: URL_Claims_Payment_Policies

Allowable Values: Free text
Data Source: Issuer
Field Name from Data Source: N/A

Comments: Record relates to coverage at the issuer level.

Variable Name: Number of Claims Received in Calendar Year

Variable Definition: Number of claims received by an issuer asking for a

payment or reimbursement by or on behalf of an innetwork health care provider (such as a hospital, physician, or pharmacy) that is contracted to be part of the network for an issuer (such as an HMO or PPO). Claims are counted by date of service

(DOS).

Data Type: Text

Variable Label: Number of Claims Received in Calendar Year

Allowable Values: Free text
Data Source: Issuer
Field Name from Data Source: N/A

Comments: Issuer-level data at the State level, for all QHPs on

Exchange. For PY 2017 PUF, data is measured January 1, 2015-December 31, 2015. For PY 2018 PUF, data is measured January 1, 2016-December 31, 2016. For PY 2019 PUF, data is measured January 1, 2017-December

2017.

Variable Name: Number of Claims Denials

Variable Definition:

Number of claims received by an issuer asking for a payment or reimbursement by or on behalf of an in-network health care provider (such as a hospital or doctor) that is contracted to be part of the network for an issuer (such as an HMO or PPO) that the issuer subsequently denied. For PY 2017 PUF, data is measured January 1, 2015-December 31, 2015. For PY 2018 PUF, data is measured January 1, 2016-December 31, 2016. For PY 2019 PUF, data is measured January 1, 2017-December 2017.

- A claim means any individual line of service within a bill for services (medical and pharmacy, including pharmacy point of sale).
- Include claims for all QHPs in FFEs and SBE-FPs that fall under the reported HIOS ID. If the Issuer has more than HIOS ID, it should submit a separate spreadsheet for each HIOS ID.
- Does not include claims that were pended for additional information and subsequently paid.
- Does not include out-of-network claims.
- Includes <u>all</u> denials in the total number of claims denied in calendar year. This includes, but not limited to:
 - Pediatric vision and dental denials;
 - o Partial denials;
 - Denials due to ineligibility;
 - Denials due to incorrect submission;
 - Denials for incorrect billing; and
 - Duplicate claims.

Data Type: Variable Label: Allowable Values: Data Source:

Field Name from Data Source:

Comments:

Text
Claims_Denials
Numbers
Issuer
N/A

Issuer-level data at the State level, for all QHPs on Exchange. PY 2017 PUF, data is measured January 1, 2015-December 31, 2015. For PY 2018 PUF, data is measured January 1, 2016-December 31, 2016.

Variable Name:

Variable Definition:

Number of Internal Appeals Filed Number of requests by the insured for internal reviews of grievances involving adverse determinations. An internal review is a process by which the insured may have an adverse



> respect to a denial of an admission, availability of care, continued stay, or health care service for a covered person. For PY 2017 PUF, data is measured January 1,

determination reviewed by the issuer with

2015- December 31, 2015. For PY 2018 PUF, data is measured January 1, 2016-December 31, 2016. For PY 2019 PUF, data is measured January 1, 2017-December

2017.

Data Type: Text

Variable Label: Internal Appeals Filled

Allowable Values: Numbers Data Source: Issuer Field Name from Data Source: N/A

Comments: Issuer-level data at the state level, for all QHPs on

> Exchange. For PY 2017 PUF, data is measured January 1, 2015-December 31, 2015. For PY 2018 PUF, data is measured January 1, 2016-December 31, 2016. For PY 2019 PUF, data is measured January 1, 2017-December

2017.

Variable Name: Number of Internal Appeals Overturned Variable Definition:

Number of final adverse determinations

overturned upon request for internal review. An internal review is a process by which the insured may have an adverse determination reviewed by the issuer with respect to a denial of an admission, availability of care, continued stay, or health care service for a covered person. All overturned internal appeals must be included, including those overturned in whole or in part. For PY 2017 PUF, data is measured January 1, 2015- December 31, 2015. For PY 2018 PUF, data is measured January 1, 2016-December 31, 2016. For PY 2019 PUF, data is measured January 1, 2017-

December 2017.

Data Type: Text

Variable Label: Number_of_Internal_Appeals_Overturned

Allowable Values: Numbers Data Source: Issuer Field Name from Data Source: N/A

Comments: Issuer-level data at the State level, for all QHPs on

> Exchange. For PY 2017 PUF, data is measured January 1, 2015- December 31, 2015. For PY 2018 PUF, data is measured January 1, 2016-December 31, 2016. For PY 2019 PUF, data is measured January 1, 2017-December

2017.

Variable Name: Percent of Internal Appeals Overturned

Variable Definition: Percentage of adverse benefit determinations



Variable Label:

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Data Type:	Overturned (# internal appeals overturned/# of internal appeals filed) by plan/issuer in favor of the beneficiary. For PY 2017 PUF, data is measured January 1, 2015-December 31, 2015. For PY 2018 PUF, data is measured January 1, 2016-December 31, 2016. For PY 2019 PUF, data is measured January 1, 2017-December 2017. Text
Variable Label: Allowable Values: Data Source:	Percent_of_Internal_Appeals_Overturned Numbers Issuer
Field Name from Data Source:	N/A
Comments:	Issuer-level data at the State level, for all QHPs on Exchange. For PY 2017 PUF, data is measured January 1, 2015-December 31, 2015. For PY 2018 PUF, data is measured January 1, 2016-December 31, 2016. For PY 2019 PUF, data is measured January 1, 2017-December 2017.
Variable Name:	Number of External Appeals Filed
Variable Definition:	Number of requests by the insured for appeals on final adverse determinations to an external review organization. For PY 2017 PUF, data is measured January 1, 2015-December 31, 2015. For PY 2018 PUF, data is measured January 1, 2016-December 31, 2016. For PY 2019 PUF, data is measured January 1, 2017-December 2017.
Data Type:	Text
Variable Label:	External_Appeals_Filed
Allowable Values:	Numbers
Data Source:	Issuer
Field Name from Data Source:	N/A
Comments:	Issuer-level data at the State level, for all QHPs on Exchange. For PY 2017 PUF, data is measured January 1, 2015-December 31, 2015. For PY 2018 PUF, data is measured January 1, 2016-December 31, 2016. For PY 2019 PUF, data is measured January 1, 2017-December 2017.
Variable Name:	Number of External Appeals Overturned
Variable Definition:	Number of final adverse determinations
	overturned upon request for external review, in
	whole or in part. For PY 2017 PUF, data is measured January 1, 2015-December 31, 2015. For PY 2018 PUF,
	data is measured January 1, 2016-December 31, 2016. For PY 2019 PUF, data is measured January 1, 2017- December 2017.
Data Type:	Text
Madala Labali	Number of sylvanial appeals sylvanian

 $Number_of_external_appeals_over turned$



Allowable Values:

Data Source:

Field Name from Data Source:

N/A

Comments: Issuer-level data at the State level, for all QHPs on

Exchange. For PY 2017 PUF, data is measured January 1, 2015-December 31, 2015. For PY 2018 PUF, data is measured January 1, 2016-December 31, 2016. For PY 2019 PUF, data is measured January 1, 2017-December

2017.

Variable Name: Percent of External Appeals Overturned Variable Definition: Percent of final adverse determinations

overturned (# external appeals overturned/# of external appeals filed) upon request for external review. For PY 2017 PUF, data is measured January 1, 2015-December 31, 2015. For PY 2018 PUF, data is measured January 1, 2016-December 31, 2016. For PY 2019 PUF, data is measured January 1, 2017-December

2017.

Data Type: Text

Variable Label: Percent_of_external_appeals_overturned

Allowable Values:

Data Source:

Field Name from Data Source:

N/A

Comments: Issuer-level data at the State level, for all QHPs on

Exchange. For PY 2017 PUF, data is measured January 1, 2015-December 31, 2015. For PY 2018 PUF, data is measured January 1, 2016-December 31, 2016. For PY 2019 PUF, data is measured January 1, 2017-December

2017.

Variable Name: Financial Information

Variable Definition: URL link to prior calendar year issuer-level information

about premiums, assets, and liabilities.

Data Type: Text

Variable Label: Financial_Information

Allowable Values: Free text

Data Source: National Association of Insurance Commissioners

Field Name from Data Source: N/A

Comments: Record relates to coverage at the issuer level. The

information provided in the URL link reflects financial information that is current as of the date of initial

publication of the PUF.

Variable Name: Rate Review

Variable Definition: URL link to issuer rate review information.

Data Type: Text

Variable Label: Rate_Review Allowable Values: Free text



Data Source: Healthcare.gov

Field Name from Data Source: N/A

Comments: Record relates to coverage at the issuer level. The

information provided in the URL link reflects rate review

information that is current as of the date of initial

publication of the PUF.

Variable Name: Enrollment Data

Variable Definition: Issuer level cumulative enrollment numbers, as

measured by non-cancelled plan selections, based on the end of the prior calendar year's information. For PY 2017 PUF, data is measurement period is January 1st 2015 to December 31, 2015. For PY 2018 PUF, data is measured January 1, 2016-December 31, 2016. For PY 2019 PUF, data is measured January 1, 2017-December

2017.

Data Type: Text

Variable Label: Enrollment_Data

Allowable Values: Free text
Data Source: CMS
Field Name from Data Source: N/A

Comments: Issuer-level data at the State level, for all QHPs on

Exchange. For PY 2017 PUF, data is measured from January 1, 2015-December 31, 2015. For PY 2018 PUF, data is measured January 1, 2016-December 31, 2016. For PY 2019 PUF, data is measured January 1, 2017-

December 2017.

Variable Name: Disenrollment Data

Variable Definition: Issuer level cumulative disenrollment numbers, as

measured by cancelled plan selections, based on the end of the prior calendar year's information. For PY 2017 PUF, data measurement period is January 1, 2015-December 31, 2015. For PY 2018 PUF, data is measured January 1, 2016-December 31, 2016. For PY 2019 PUF, data is measured January 1, 2017-December 2017.

Data Type: Text

Variable Label: Disenrollment_Data

Allowable Values: Free text
Data Source: CMS
Field Name from Data Source: N/A

Comments: Issuer-level data at the State level, for all QHPs on

Exchange. For PY 2017 PUF, data is measured January 1, 2015-December 31, 2015. For PY 2018 PUF, data is measured January 1, 2016-December 31, 2016. For PY 2019 PUF, data is measured January 1, 2017-December

2017.